

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)	SERIAL NO.	FILING DATE
APPLICANT(S)		

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
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93		1				
94		1				
95		1				
96		1				

TOTAL IND.	1	1	1
TOTAL DEP.	1	1	1
TOTAL CLAIMS	2	2	2

TOTAL IND.	1	1	1
TOTAL DEP.	1	1	1
TOTAL CLAIMS	2	2	2